Indiana State Department of Health

June 1, 2005

From: Charlene Graves, M.D.
Medical Director, Immunization Program

To: Physicians and Health Care Providers

Re: **Recommendations for Unimmunized Pregnant Women, Infants, or Immunocompromised People Exposed to Measles**

Every suspected measles case should be reported immediately to the local health department. Measles infection can be diagnosed by the clinical symptomatology and a positive measles immunoglobulin (IgM) antibody. IgM antibody may be weakly positive within 72 hours of rash onset and is detectable for at least 1 month after rash onset. IgM antibody testing of serum specimens is available from the ISDH Laboratory without charge.

Prevention of the spread of measles depends on prompt immunization of people at risk of exposure or already exposed who cannot document measles immunity. **However, special consideration must be given to susceptible contacts who are younger than 1 year of age, pregnant, or immunocompromised, thus not eligible for immunization with a live-virus vaccine. Immune Globulin (IG) should be given to prevent or modify measles in these groups of susceptible people, within 6 days of exposure to a person with measles.**

The dosing regimen for IG is: 0.25 mL/kg given intra muscularly, to a maximum dose of 15 mL. For immunocompromised children the dose is 0.5 mlL/kg, also to a maximum dose of 15 mL.

Immune globulin is not indicated for household contacts who have received 1 dose of vaccine at 12 months of age or older unless they are immunocompromised. For children who receive IG for modification or prevention of measles after exposure, measles vaccine (if not contraindicated) should be given 5 months (if dose used was 0.25 mL/kg) or 6 months (if dose used was 0.5 mL/kg) after IG administration, when the child is at least 12 months of age.

Unimmunized people, if not immunized within 72 hours of exposure, should be excluded from school, child care, and health care settings until at least 2 weeks after the onset of rash in the last case of measles.

Sources: The American Academy of Pediatrics Red Book: 2003 Report of the Committee on Infectious Diseases. Epidemiology and Prevention of Vaccine-Preventable Diseases, CDC, 2005